



COPY OF PAPERS
ORIGINALLY FILED

Heraeus 383-WCG
P09860US

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Andrej Albach
SERIAL NO. : 09/995,348
FILED : 11/27/2001
FOR : Syringe for the metered delivery of dental materials

GROUP ART UNIT : 3732

EXAMINER :

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

March 15, 2002

RECEIVED
MAY -7 2002
TC 3700 MAIL ROOM

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

The filing receipt in the above-identified application was found to contain the following errors:

The inventor's place of residence should read: Wehrheim, Germany

Please issue a corrected filing receipt at your earliest convenience.

Respectfully submitted,

NORRIS McLAUGHLIN & MARCUS

By 

William C. Gerstenzang
Reg. No. 27,552

KGB/hg

220 East 42nd Street 30Fl
New York, NY 10017
(212) 808-0700



UNITED STATES PATENT AND TRADEMARK OFFICE

FILE COPY

 COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 9035

SERIAL NUMBER 09/995,348	FILING DATE 11/27/2001 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. Heraeus 383-WCG P09860US
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

Andrej Albach, Wehrheim, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 100 60 614.8 12/05/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/07/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

 William C. Gerstenzang
 NORRIS, MCLAUGHLIN & MARCUS P.A.
 220 East 42nd Street
 New York, NY 10017

TITLE

Syringe for the metered delivery of dental materials

FILING FEE RECEIVED 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit